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Notice of Independent Review Decision

Cas	se Number:	Date of Notice: 04/22/2	<u>2</u> 015
Revi	riew Outcome:		
	lescription of the qualifications for each physician iewed the decision:	or other health care provider who	
Anes	sthesology		
Des	cription of the service or services in dispute:		
Quan	ntitative urine drug screen billed 12/05/14		
•	on Independent review, the reviewer finds that the erse determinations should be:	previous adverse determination /	
√	Upheld (Agree)		
	Overturned (Disagree)		
	Partially Overturned (Agree in part / Disagree in part)		

Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx when she fell on an escalator. The patient developed complaints of low back pain. The patient did have a prior anterior to posterior lumbar fusion completed in November of 2000 followed by a spinal cord stimulator placement in September of 2001. This was subsequently removed in June of 2007. The patient did have previous injection therapy which was reported to be beneficial. The patient was seen on 02/04/15 for ongoing complaints of low back pain that was not radiating. The patient's pain scores were 6-9/10 in intensity. Current medications included Norco 10/325mg utilized every 4 hours. On physical examination, there were positive facet loading signs with tenderness to palpation in the lumbar paravertebral musculature. Straight leg raise signs were reported as positive bilaterally and there was positive sacroiliac joint tenderness bilaterally. The patient could not perform heel or toe walking. There was a conversation regarding a spinal cord stimulator trial. Norco was continued at this evaluation. A single drug screen, 80101 was ordered at this evaluation. Although not provided for review, the patient did have quantitative urine drug screen testing completed on 12/05/14.

The patient's quantitative urine drug screen testing was denied by utilization review; however, the prior opinions were not available for review.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for chronic complaints of low back pain which has been managed by Norco. Norco is a schedule 2 narcotic medication and routine point of care testing would be appropriate in order to establish consistency of use with this medication. As of 02/04/15, the patient did have a urine drug screen ordered; however, it is unclear whether this point of care testing was ever completed or showed an inconsistent negative result for opiates. There was no documentation regarding any risk stratification questionnaires such as SOAPP or COMM establishing a higher level of risk for ongoing opiate use. Due to the lack of documentation regarding any inconsistent point of care testing or indications of increased risk factors for opioid misuse, the quantitative testing billed on 12/05/14 would not be considered medically necessary

or appropriate. Therefore, the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

	ACOEM-America College of Occupational and Environmental Medicine um			
	knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines			
	DWC-Division of Workers Compensation Policies and			
	Guidelines European Guidelines for Management of Chronic			
	Low Back Pain Interqual Criteria			
√	Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical			
	standards Mercy Center Consensus Conference Guidelines			
	Milliman Care Guidelines			
√	ODG-Official Disability Guidelines and Treatment			
	Guidelines Pressley Reed, the Medical Disability Advisor			
	Texas Guidelines for Chiropractic Quality Assurance and Practice			
	Parameters Texas TACADA Guidelines			
	TMF Screening Criteria Manual			
	Peer Reviewed Nationally Accepted Médical Literature (Provide a description)			
	Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)			